

STATEMENT OF ECONOMIC INTERESTS
COVER PAGE

FILED
Date Received
Official Use Only
MAR 30 2011

COUNTY OF SANTA CLARA
Clerk of the Board of Supervisors

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
SHIRAKAWA GEORGE M

1. Office, Agency, or Court

Agency Name

COUNTY OF SANTA CLARA

Division, Board, Department, District, if applicable

DISTRICT 2

Your Position

SUPERVISOR

► If filing for multiple positions, list below or on an attachment.

Agency: Position:

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of SANTA CLARA

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 4

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that th

Date Signed 3-30-10
(month, day, year)

Signature

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

GEORGE SHIRAKAWA

► STREET ADDRESS OR PRECISE LOCATION

CITY _____

FAIR MARKET VALUE

☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

_____/_____/10 ____/_____/10
ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____ ☐ _____
Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE	TERM (Months/Years)
_____% <input type="checkbox"/> None	_____

HIGHEST BALANCE DURING REPORTING PERIOD

☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000

☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

FPPC Form 700 (2010/2011) Sch. B
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name GEORGE SHIRAKAWA

► NAME OF SOURCE
 SCC&SB COUNTY BUILDING TRADES
 ADDRESS (Business Address Acceptable)
 2102 ALMADEN AVE. SAN JOSE, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
2 / 19 / 10	\$ 150	ANNUAL DINNER
9 / 17 / 10	\$ 75	ANNUAL BBQ
/ /	\$	

► NAME OF SOURCE
 NORA CAMPOS FOR ASSEMBLY
 ADDRESS (Business Address Acceptable)
 1758 STORY RD. STE 150 SAN JOSE, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
5 / 7 / 10	\$ 125	JJ DINNER
9 / 24 / 10	\$ 150	BAYMEC DINNER
/ /	\$	

► NAME OF SOURCE
 STRANGIS PROPERTIES
 ADDRESS (Business Address Acceptable)
 3546 STEVAL PL. SAN JOSE, CA
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
8 / 23 / 10	\$ 150	CHAMBER BBQ
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____

March 29, 2011

Attachment 700 form for Supervisor George Shirakawa

ABAG-Alternate

Bay Conservation and Development Commission-Delegate

Bay Area Regional Hazardous Waste Management Facility Allocation- Delegate

Housing and Community Development Council Committee-Delegate

Joint Child Care Committee-Delegate

Juvenile Justice Coordinating Council-Delegate

LAFCO-Alternate

Mental health Board-Delegate

Santa Clara Valley Water Commission-Alternate

MTA-Alternate

MTA-Downtown East Valley Policy Advisory Council-Delegate